

Boomerang Health Group Registration

I would like to register myself/my child in the following group:

- ☐ Social Skills and Self-Regulation Group
- ☐ Social Butterflies Group
- ☐ Conversation Club
- ☐ Anxiety Group
- ☐ Caregiver Workshop
- ☐ Challenges with Attention, Impulsivity, & Hyperactivity
- ☐ Find Your Fit
- ☐ Fun with Food
- ☐ Handwriting Group

Name of group participant: _____
(Caregiver or child name)

*For **caregivers** to complete: (Please read each item carefully and check each box).*

- ☐ I am aware of the details of the program including the start date and time.
- ☐ I have provided credit card (VISA/Mastercard) information to process group payments.
- ☐ I provide consent for the full payment of the group to be processed on the credit card provided prior to the group starting.
- ☐ I understand that at the beginning of the group, I will receive a receipt showing that the full payment for the group was processed. This receipt is not for insurance purposes.
- ☐ I understand that after each session attended, an invoice will be provided that I can submit to my insurance provider. Note: If you/your child has missed a session, we are not able to issue an invoice for that date. We can only issue invoices for services that have been rendered.

If you have any questions about the above information, please feel free to contact the Program Manager, Groups.

(Caregiver Name)

(Date)